

**1. NEEDS IDENTIFICATION**

Description of Training Need: \_\_\_\_\_  
 Description of Target Audience: \_\_\_\_\_  
 Number of Employees to be Trained: \_\_\_\_\_  
 Topic, Course Title (STC Course #): \_\_\_\_\_

*For additional information, see <http://www.dpa.ca.gov>*

**2. PRELIMINARY STC CONTACT**

George Steinert, (916) 324-4063 Course # and Title: \_\_\_\_\_  
 Susan Coats, (916) 324-4055 Instructor Name: \_\_\_\_\_  
 Tracey James, (916) 324-4052 Instructor Phone: \_\_\_\_\_

**Obtain Information about Class Size and Tuition Rates from STC**

Minimum: \_\_\_\_\_ Maximum: \_\_\_\_\_ Start Time: 8:15 a.m. or \_\_\_\_\_ End Time: 4:30 p.m. or \_\_\_\_\_  
 Tuition Rate: \_\_\_\_\_  
 Travel & Per Diem Information: \_\_\_\_\_  
 Customize Rate (if needed): \_\_\_\_\_

Comments: \_\_\_\_\_

**Note:** Transactions resulting from the referral are to be completed through the STC office and, except for dates, are not to be negotiated with instructors. Instructors are STC contractors and are not at liberty to negotiate rates. The State Training Center will invoice your department for services rendered.

**3. CONTACT INSTRUCTOR**

Need to Customize? If yes, describe the need to the instructor and obtain a time estimate for course modification.  
 Obtain Available Dates From Instructor: \_\_\_\_\_  
 Request Instructor A/V Equipment Needs: \_\_\_\_\_  
 Confirm Room and A/V Equipment: \_\_\_\_\_  
 Confirm Dates with Instructor: \_\_\_\_\_  
 Customize Time Needed: \_\_\_\_\_

**4. PLACE TRAINING ORDER WITH STC**

*Note: You must call STC with this information **AT LEAST 30 DAYS** prior to the scheduled training date. If customization is needed, more than 30 days may be required. After your call, STC will send a special registration form for your signature and confirm all arrangements **IN WRITING**. When you receive the written confirmation from STC, sign the form(s) and send them back to STC immediately.*

Requestor's Department \_\_\_\_\_ STC Cust No: \_\_\_\_\_  
 Requestor's Name \_\_\_\_\_ Phone: \_\_\_\_\_  
 Office Name \_\_\_\_\_ Fax: \_\_\_\_\_  
 Address \_\_\_\_\_ E-mail: \_\_\_\_\_  
 City, State, ZIP \_\_\_\_\_

*For each session, provide course info & location:* Want Certificates?  Yes  No  
 Course #: \_\_\_\_\_ Customization Time: \_\_\_\_\_  
 Course Title: \_\_\_\_\_

Date(s) of training: \_\_\_\_\_  
 Street Address of training: \_\_\_\_\_  
 Room #: \_\_\_\_\_  
 City: \_\_\_\_\_  
 On-site Contact Name: \_\_\_\_\_ Phone \_\_\_\_\_

*"Ship to" address:*  
 Dep't Name: \_\_\_\_\_  
 Office Name: \_\_\_\_\_  
 Contact Name, Attn: \_\_\_\_\_  
 Street Address & Room #: \_\_\_\_\_  
 City, ST ZIP: \_\_\_\_\_

Special Instructions: \_\_\_\_\_